



# DRAWDOWN CERTIFICATION LIST

## LAW ENFORCEMENT TERRORISM PREVENTION PROGRAM

### FY YEAR 2006

GRANT NUMBER \_\_\_\_\_

DATE: \_\_\_\_\_

JURISDICTION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

***You must attach PO's/receipts for items to be purchased totaling your Requested Amount***

GRANT BALANCE

AU/CE/ER/TW/Other	DESCRIPTION	\$ AMOUNT REQUESTED	
Total this page			

PROJECT DIRECTOR / FINANCIAL OFFICER SIGNATURE: \_\_\_\_\_

Instructions: Please MAIL this form to: Department of Criminal Justice Service  
202 North Ninth St., Richmond, VA 23219  
Attn: Shelia Anderson

- ❖ ***Do not request funds prior to 120 days of expenditure/disbursement.***
- ❖ You may request total grant award with one form.
- ❖ **No funds will be released until this form has been received.**
- ❖ **Attach Purchase Order or receipt for purchase**

Monitor initials: \_\_\_\_\_

Date: \_\_\_\_\_